Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4093AGZ	A. BUILDING _____ B. WING _____	C 02/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JCR HOME CARE INC	7160 DARBY AVENUE LAS VEGAS, NV 89117

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 2/12/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 6 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 6 residents. One resident files was reviewed and zero employee files were reviewed. . Complaint #NV00023942 and Complaint #NV00023930 were substantiated See TAG # Y878. The following deficiencies were identified:	Y 000		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview, the facility	Y 175		

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Y 175	Continued From page 1 failed to ensure the premises were kept free from hazards, including the obstacles that impeded the free movement of residents he facility. Findings include: The facility's wood like flooring in the living room area was uneven, and dislodged from the flooring surface. There was strips of tape around areas of the flooring to keep the wood panel from sticking up causing a fall hazard for residents. The bedroom on the westside of the facility had water spewing from underneath the wood flooring when walked on. The Caregiver, indicated that the facility had amain water leak and the water soaked the wood floor paneling. There was a large size hole dug out of the front lawn adjacent to the front entrance door of the facility. The hole appeared to be about 5 ft deep. The Administrator reported that the facility had a main water line blockage and the hole was dug out for repairs. Severity: 2 Scope: 3	Y 175		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall:	Y 878		

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Y 878	Continued From page 2 (1) Comply with the order. This Regulation is not met as evidenced by: Based on observation, interview and record review on 2/12/10, the facility failed to administer 1 of 6 resident medications according to physician's orders because the medication was not available in the facility (Resident #5). Findings include: The Administrator discontinued Resident #5's medications (Namenda & Aricept) without proper authorization from the Resident's physician. The facility did not have the medication (Namenda) to administer to the resident from 11/23/09 - 12/17/09. The physician re-ordered the medication on 12/17/09. Severity: 2 Scope: 1 Complaint #NV00023942	Y 878		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be	Y 991		

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Y 991	Continued From page 3 used to exit the facility. This Regulation is not met as evidenced by: Based on observation on 2/12/10, the facility failed to ensure that 1 of 3 exit doors had installed alarms that operated when the exit door was opened (front entrance door). Severity: 2 Scope: 3	Y 991		